Perhaps Nomagugu’s dream will happen after all

As a child, Nomagugu Ncube had a dream. She wanted a trade – to make people look cool and beautiful. “I wanted to have my own business; to be a dressmaker,” she says. Unfortunately it’s been more of a nightmareish two years for Nomagugu. During this time she has been caring for her sick HIV-positive mother and taking on the role of parent to her four younger siblings. It’s an enormous load, made impossibly hard as she is also responsible for a ten-, seven-, and one-year-old, all orphans from her late sister.

Being ‘a mum’ to so many, and at such a young age, is a constant struggle for Nomagugu, though she is far from alone in Zimbabwe. Here, one in five adults is HIV-positive, more than one in four children are orphaned and 100,000 children live in child-headed households.

“The pressures on Zimbabwean children are overwhelming,” says UNICEF Representative in Zimbabwe, Dr. Festo Kavishe. “HIV-related illnesses kill 3,000 Zimbabweans every week, 1.6 million children are orphaned and every day the basic elements required for healthy and happy childhood are being pushed out of reach.”

Amid this, Zimbabwe is lurching from political tensions and an economy that has contracted by 50 per cent in the past five years. The country has the highest inflation in the world at 7300 per cent, prices double weekly, and the country has just officially declared 2007 a ‘drought year’.

Combined it could all be too much for Nomagugu. And yet when she speaks, she lovingly refers to her ‘family’ – albeit now eight who depend on her – and somehow she tends to focus on her luck and not hardships.

“I am very lucky,” she says, taking me by surprise. “Bulilima is so dry. I used to walk for long hours just to fetch water to bath my ill mother and siblings. There was no toilet nearby for my mother to use, and my siblings were dropping out of school because we could not afford school fees. Things have changed. We have a well nearby, we have our own family toilet and, most importantly, my siblings are all back in school.”

Nomagugu and her siblings are beneficiaries of a unique water facility, which integrates orphaned and other children made vulnerable by HIV and AIDS in the delivery of water and sanitation interventions. The project is run by UNICEF and seeks to provide Zimbabwe’s rural communities with safe water and sanitation facilities.

UNICEF in Zimbabwe will reach 500,000 Zimbabweans with improved sanitation, hygiene and water facilities and an additional 500,000 orphaned and vulnerable
children with improved nutrition, school fees and access. Yet more needs to be done. Nomagugu’s mother cannot access antiretrovirals, which are critically in short supply – just 4 per cent of the country’s 115,000 HIV-positive children are on the life-prolonging drugs. Overall, donor support remains a fraction of what it once was in Zimbabwe, as the country receives the lowest commitment per person living with HIV at US$ 62 compared to its regional peers, like Namibia who receives US$ 664 per person.

However, today, households that are hardest hit by HIV and have large numbers of orphaned and vulnerable children are provided with pit latrines, support in building wells and, as in Nomagugu’s case, education grants.

Obviously it doesn’t solve all of Nomagugu’s problems. She still has to struggle to provide for siblings and ailing mother, though she is the first to admit that her burden has been lifted.

“The water and sanitation means that I can spend my time doing other things for my family. Imagine, I used to spend six hours every day just fetching water. Today my mother is ill but she is always clean. My siblings are much healthier. And I have even started a small vegetable garden to raise money,” she explains.

Perhaps that dressmaking business of hers will happen after all.